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been used by some with success. As there is often complaint of sore mouth especial care should be given the teeth and mouth.

Arsenic is sometimes ordered in the form of Fowler's solution, beginning with three minims three times a day and gradually increasing the dose, watching closely for toxic symptoms. Arsenic in the form of sodium-cacodylate is sometimes given deep in the tissues hypodermically. Iron is occasionally found beneficial.

CENTRAL DIRECTORIES—THEIR VALUE TO THE PHYSICIAN*

By SEYMOUR HOUGHTON, M.D.

THIS subject is of much importance to the welfare of the trained nurse, to say nothing of what it means to the physician, into whose work the trained nurse has so thoroughly entered that she has actually created a condition where he can no longer get on without her assistance and help. All, therefore, that goes to the development of a better nurse, to a better woman, all that goes to creating more efficiency, more actual ability, more tact, to developing all those wonderful qualities which I am pleased to admit only a woman possesses, all of these, and more, it is to the vital interest of the physician, even though from the most selfish of motives, to cultivate and to promote. Your purpose as I understand it, is the establishment of a central bureau or registry; one of the features of which will be to facilitate the efforts of each physician to secure, with promptness and ease, any one of those nurses whom he knows and whom he wishes to send to his patient.

This proposition is naturally the one *raison d'état* of any plan of organization. Everything else must be corollary and subordinate. The whole purpose of nursing is to nurse, is to obtain the opportunity to practise, and when this is accomplished by bringing into play the great engine of organization, then there follows and must follow everything that has for its object the comfort and happiness of the nurse herself. Would a central bureau make it easier for a given nurse to be reached by a given physician? This is the crux of the whole situation. As matters stand at present the conditions are about as follows:

1. Separate registries, where, say, Miss Jones has a house or series

* Address delivered before the New York County Nurses' Association, April 5th

of houses, and within which are a limited number of nurses, to which there may be added an additional number who do not reside within that registry, but who are on the list to be summoned when needed. The superintendent of this registry makes it her object either to furnish a nurse asked for or, if this is not possible, to supply one for whom she can personally vouch. Of these registries there are many of most excellent standing, and which can be depended upon to render most efficient service. This system is probably the best and most practicable of all the methods for physicians in securing nurses for their patients.

2. Associations of nurses themselves. This is usually in the form of several nurses, personal friends, clubbing together in an apartment, with a private telephone and, perhaps, a housekeeper or maid to be constantly ready to receive messages.

3. Registration with the hospitals of graduation, so that the superintendent of the hospital has at her disposal a list of graduate nurses upon whom she may call in response to a message sent to the hospital either for private duty in the hospital, or special duty outside.

4. The lone hand system where a nurse may room with her family, by herself, or with a friend, and depend upon the telephone either of the janitor, or a friendly druggist or neighbor. Naturally this is fatal, and the poorest of all methods of awaiting calls to duty. All of these systems require both that the doctor should receive stated visits of nurses disengaged, and also that he should keep a list of nurses, either as a list or a set of visiting cards, containing the addresses of those he wishes to send for.

Now the situation as it has come to be in these days is this: The physician is at the patient's bedside. The question of a nurse comes up, and in the majority of cases requires, for the satisfaction and comfort of all concerned, immediate settlement. In his mind, the proper nurse, one whom he knows will fit this case admirably, comes before him. Of course, I appreciate that the careful systematic man, liable to adjust this situation, will have in his note-book a tabulated list of nurses with their street and telephone addresses, or he may do as one I saw recently, take out from his pocket a large pack of visiting cards, and rejoice that the name of the nurse he wished was among them. But not all of us, probably, are systematic, and it certainly is one of those straw-on-the-camel's-back efforts which often results in a nurse being secured, but not the one originally preferred if waiting until a convenient season is depended upon. This sounds like the plea of a lazy man, but back of it I believe there to be sound philosophy. The philosophy of that careful, pre-arranged, systematic order which you

wish to see,—the same precision of detail which not only makes but is a most essential part of any great organization. One of the wonders of modern times is the precision and order of great corporations, the guiding mind of which is a greater one and with greater responsibilities than the crowned heads of many kingdoms. He is there not by any divine right, but because of recognition of a master hand, and the assertion of itself of a master mind. I shall never forget an after-dinner half-hour in a modest little smoking-den, listening to a small-sized, quiet man, asking simple questions, and discussing ordinary matters. It seemed to me hard to fully realize that in this almost, I might say, insignificant looking little man, smoking his cigar before the grate-fire, I was talking with one of the greatest geniuses of modern times.

There are many such, but I am sure that when the history of this man is written, there will be no more wonderful record of stupendous accomplishments, approaching almost the magic of the uncanny, than the life of E. H. Harriman.

I think of this incident because I think of what organization, the thorough kind, that goes down to the smallest detail, will do.

Is it a lazy man's plea that some one should bring genius to bear to systematize, and to bring into order one of the great institutions of this day? The guild of the trained nurse is a great institution. It is an instrument of medicine and surgery, so vital that there is no medicine or surgery without it. The very fact that there are to-day so many excellently organized registries points to the recognition of the necessity for order and system. As I see it now, the individual system is orderly, the whole, taken together, is disorderly, unarranged, disconnected. There is no harmony between the orderly units, no centrality, and just to the extent that this lack of system prevails over the whole body of nurses, just to this extent does the penalty of something undone visit the individual, to be doctor or nurse. Perhaps the conditions of this city would not permit a Harriman to arise and bring this great system to order. Perhaps also a Harriman is not required. Possibly all that is needful is, on the one hand, an originating, planning hand, on the other hand, a sympathetic, understanding community, one which, given the plans, will be quick to adopt them.

Now I have spoken of the lazy man, I do not deny that I am one of them. But the man is not lazy who, sitting at his desk, can by touching a button put himself in touch with the smallest detail of that button's department. He could, of course, go up several flights and personally inspect that department, but then to what purpose is his elaborate development of order and system which means business success?

Is the doctor reaching over from the bedside to the telephone, a lazy man? Is it not rather the mark of genius that the click of that receiver opens up the whole carefully organized system, by which and through which the pressing need of the moment is met?

I believe that the day is coming when this dream will be a reality. Just in what form this idea of centralization is to work out is the problem before you. There has been suggested the Central Club.

There is something about the idea of a club which appeals greatly to me. It is the idea of gregariousness against the solitary, the opportunity to meet and rub elbows, the sense of unity of purpose and aim, the stimulus of being among your friends, the sense of having been passed upon by your friends, and accepted.

Club life represents a community of ideas and ideals, and I can imagine no body of people whose lives present more in common than trained nurses. We all understand what the trained nurse is. The career of nursing is one of the few open to women who can pursue it with dignity and self-respect. Fortunately, being practically one of the learned professions, it is limited to those who are fitted for it, to a certain degree by birth, and wholly by taste and education. The fact that nursing has been taken from the hands of common servants, and placed in those of women who are cultured and refined, has changed the whole attitude of the medical world toward the art of nursing and those who practise it. The women who make up the body of trained nurses would seem, therefore, to have, in common with other professions, so many interests alike, that I am forced to the conclusion that the spirit of club life would have in it every element of social uplift, would give that which makes life worth living, and would be of unlimited value in making a common ground of thought and interest, the very features, in fact, which make the club so large and important a feature in the life of the masculine part of the community. Of course it would be Utopian to conceive of all nurses belonging to one great club. The very idea of a club presupposes a certain degree of exclusiveness, and wholly a degree of selection, but here again comes a problem to be worked out. Moreover club membership suggests something else, dues and house charges. This brings up the resources of the average nurse, the means at her command to entertain any such project. To the ordinary patient a nurse looks like a well-paid person. She earns from twenty-five to thirty dollars a week, say a maximum of fifteen hundred dollars a year. This is about the annual income of the ordinary chauffeur, a man who, from knowing practically nothing about it, may fit himself, to his own satisfaction, in a week or month, with the payment of a

couple of dollars for a license, to take charge of the lives of a family and be the lord and master of property valued in the thousands, and with this difference—that he has continuous employment, if he keeps anywhere within the bounds of a long-suffering employer, the year round, while the nurse is fortunate if she finds occupation for three-quarters of that period. Probably half a year steady work is nearer the truth. Her annual income is, therefore, probably nearer eight hundred or a thousand than fifteen hundred, and this to live on, in this city, is something the average woman is more able to comprehend than the average man, except possibly those average men who have average women in their households. Be this as it may, the fact remains that any large outlay for anything in the nature of club life, presents another large problem for proper solution. However, I believe that in the fundamental idea of a central bureau system, having as its basis the club idea, you have struck the right chord, and it is to be hoped that the suggestion having been made, it may have the lasting and beneficent results so necessary both to the trained nurse and to the physician.

I have said to the trained nurse and to the physician, I will now take the liberty of reversing that order and say a final word as to the physician and the trained nurse, particularly, as to the duties or relations the one to the other. I fully appreciate that what a nurse should and should not do, has been thoroughly drubbed into her as a part of her graduation delights and privileges, but perhaps a few observations as the result of twenty years of observation, may be interesting if not of value. It is certainly a fact which both doctor and nurse quickly discover—that their success depends upon some things which the books and the schools do not teach. I refer to personality and tact. To be deficient in these, is to be lost before the battle begins,—on the other hand, to possess these qualities, is to win the fight almost without fighting. Both physician and nurse must have these qualities and cultivate them, with this difference that the physician must practise them, and have them, and act from them, part of the time with many families, while the nurse must practise them all the time with one family, with the doctor included.

I have reduced this situation to a little private formula which from my experience, covers the whole ground. It is this, that the nurse who pleases first the cook, second the patient, and third the doctor, this nurse has solved the problem. To what avail is all her skill and learning, if all the servants in the household are up in arms because of this new and unexpected source of labor on their part? They are but human and to have to obey orders from this new mistress for the

time being, as to answering bells, removing trays, and what not, is something in the domestic entourage which has to be handled with as much caution as a stick of dynamite. How long will she stay in a household if she jars on the patient, interprets the courtesy of the family toward her as a license to consider herself as a member of the household, and join in familiarly in matters not pertaining to her patient? And when next, if you please, will she hear from that doctor, when he is asked if it would not be a good idea to have the baby see Dr. X whom the nurse considers quite wonderful, or take this medicine which the nurse considers very splendid in these particular cases? Like the maid servants, the doctors have their little weaknesses. I once heard it cynically expressed that if you want to please him, feed the brute. The nurse who knows her doctor, knows how to please him without feeding. She knows how to make her little suggestions, give him the little inside facts, bring out her little hobbies, and gain all her little legitimate ends, and thus make him feel that she is a real and a valuable aid to him in trying situations.

She knows how to do all this when she has within her that pearl among the jewels—tact,—without it,—may her soul rest in peace.

ETIOLOGY OF GONORRHŒA *

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It is a note-worthy observation that gonorrhœa, which gives rise to the most grave of gynecologic diseases, was almost entirely neglected until recently, yet knowledge of the disease is said to be several thousand years old, dating back as far as the writings of Moses.

Gonorrhœa is an infectious, progressive, catarrhal disease of the mucous membrane, produced by the germ gonococcus, and it is said by some authorities to occasion pathological conditions and physical disturbances which surpass in seriousness any other condition which the gynecologists are called upon to treat.

The germ gonococcus was discovered in 1879 by Dr. Neisser, although the real significance of the disease, both medical and social, began to be recognized in 1872 with the publication of the views of Dr. Emil Noeygerath. Under the microscope the gonococcus is distinctly seen by

* Read before the Alumnæ Association of the Illinois Training School, Chicago, May, 1910.